

BEST AVAILABLE COPY

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	PMM	62814	2/9/00
O.I.P.E. CLASSIFIER		8	02-2300
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			3-24-00

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral) ... Canceled
 -+ Restricted

N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Final	Original	Date
1	✓	✓	1/2/03
2	✓	✓	1/2/03
3	✓	✓	1/2/03
4	✓	✓	1/2/03
5	✓	✓	1/2/03
6	✓	✓	1/2/03
7	✓	✓	1/2/03
8	✓	✓	1/2/03
9	✓	✓	1/2/03
10	✓	✓	1/2/03
11	✓	✓	1/2/03
12	✓	✓	1/2/03
13	✓	✓	1/2/03
14	✓	✓	1/2/03
15	✓	✓	1/2/03
16	✓	✓	1/2/03
17	✓	✓	1/2/03
18	✓	✓	1/2/03
19	✓	✓	1/2/03
20	✓	✓	1/2/03
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions
staple additional sheet here